

Annual Report

OF THE

Medical Officer of Health

TO THE

OKEHAMPTON DISTRICT COUNCIL

ACTING AS THE

RURAL SANITARY AUTHORITY

1937



HATHERLEIGH

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MR. CHAIRMAN AND GENTLEMEN,

I beg to submit my annual report for the year 1937.

The general health of the district throughout the year was good. In January an epidemic of influenza started in the North Tawton district and rapidly spread over the area. Fortunately only eight deaths were recorded from this cause.

The district consists of 132,514 acres made up by 27 parishes. This makes it the second largest sanitary district in Devon and sixth largest in population. The population is still falling. The Registrar General's return shows a further drop of over 300 persons for the year.

Table showing trend of population and births and deaths in the rural district.

Year.	Population.	Births.	Deaths.	Birth Rate.	Death Rate.	Infantile Mortality.
1891	14,381	316	205	21.9	12.5	106.0
1911	13,601	242	141	17.7	11.3	84.0
1921	13,476	248	173	18.9	12.3	44.0
1931	13,020	204	162	15.2	13.1	53.0
1933	12,660	180	188	14.5	14.5	84.0
1934	12,510	171	160	13.6	12.6	64.0
1935	12,210	147	174	11.2	13.4	13.6
1936	12,200	164	198	13.4	16.2	29.0
1937	11,890	133	150	11.2	12.6	45.0

Staff of the public Health Department :—

Medical Officer of Health (part time) :—

DR. E. D. ALLEN PRICE, M.B., Ch.B., D.P.H.

Sanitary Inspector and Housing Surveyor :—

MR. L. R. CHAPMAN,

Cert. R.S.I. and S.I., Cert. of Meat and Foods.

Section A

GENERAL STATISTICS.

AREA (in acres)	132,514
POPULATION	11,890
INHABITED HOUSES	3,690
RATEABLE VALUE	£37,378
PRODUCT OF PENNY RATE	£170
LOAN DEBT	£110,636
SPECIAL LEGISLATION IN FORCE	Nil.
CHIEF INDUSTRIES : Agriculture, Quarrying, Catering for Visitors.	

The parishes surrounding the northern edge of Dartmoor with their unsurpassed scenery are much sought after by visitors.

VITAL STATISTICS.

Live Births—	M.	F.	
Legitimate	64	64	
Illegitimate	1	4	
	65	68	TOTAL 133
Birth rate per 1,000 resident population			11.2
England and Wales			14.9

Birth rate table for years past will be found in the population table above.

Still Births—	M.	F.	
Legitimate	4	5	
Illegitimate	0	0	
Still birth rate per 1,000 total live and still births			68

Deaths.

The numbers of deaths registered from all causes were 150 ;

Males	81
Females	69
Death rate	12.6
Adjusted by R.G. figure	10.2

AGE OF DEATH TABLE.

<i>Age at Death.</i>	<i>Males.</i>	<i>Females.</i>
Infants under		
1 year	3	3
1—5 „	1	0
5—15 „	1	1
15—25 „	4	1
25—35 „	1	2
35—45 „	5	7
45—55 „	8	3
55—65 „	15	7
65—75 „	27	21
Over 75 „	16	24
TOTALS	81	69
	150	

Infantile deaths numbered 6.

Death Rate—45 per 1,000 live births.

The infantile mortality fluctuates very widely from year to year, but this is to be expected owing to the comparatively small number of births. The death rate however is a great improvement on that at the end of last century.

TABLE OF CAUSES OF DEATH.

All causes	.....	.....	.....	.....	150
Typhoid and paratyphoid fevers				.....	1
Measles	.....	.....	.....	.....	1
Diphtheria	.....	.....	.....	.....	1
Poliomyelitis		.....	.....	.....	1
Influenza	.....	.....	.....	.....	8
Tuberculosis of respiratory system				.....	2
Cancer	.....	.....	.....	.....	20
Cerebral hæmorrhage				.....	13
Heart disease		.....	.....	.....	38
Aneurysm	.....	.....	.....	.....	1
Other circulatory disease				.....	9
Bronchitis	.....	.....	.....	.....	9
Pneumonia	.....	.....	.....	.....	2
Other respiratory disease				.....	2
Digestive diseases	.....		.....	.....	5
Infantile diarrhœa	.....		.....	.....	1
Nephritis	.....	.....	.....	.....	2
Diabetes	.....	.....	.....	.....	2
Puerperal sepsis	.....		.....	.....	0
Other puerperal causes				.....	0
Prematurity, etc.	.....		.....	.....	6
Senility	.....	.....	.....	.....	0
Accidental	.....	.....	.....	.....	5
Other defined causes	.....		.....	.....	18
Causes ill-defined	.....		.....	.....	3

The number of births is the smallest return yet recorded for the district.

The deaths were also less than they have been since 1911. As usual there is a great preponderance of people who have lived to a ripe age.

Section B

GENERAL PROVISION OF HEALTH SERVICES.

1 (a). Laboratory facilities are supplied by Devon County Council for testing milk samples and water analysis; also for examining bacteriological specimens of infectious cases. Good use was made of this service throughout the year.

(b). An ambulance service is offered by a privately controlled ambulance stationed in Okehampton. The vehicle itself would appear to be reasonably accessible to all.

Infectious cases are carried to hospital by the Exeter City fever hospital ambulance. This service is very good.

(c). Nursing in the home is at present being reorganised by the union of districts and the employment of full-time nurses ; who will receive a travelling allowance.

(d). The hospitals used mostly by the people in your area are : (1) The Royal Devon and Exeter Hospital ; (2) The Okehampton Cottage Hospital ; (3) The Exeter City Fever Hospital for infectious cases ; and (4) the Okehampton Public Assistance Infirmary.

During the year I arranged for the admission into hospital of four cases of diphtheria, three of poliomyelitis, one of typhoid fever and two of scarlet fever.

Tuberculosis sanatoria and dispensaries are maintained by Devon County Council at Hawkmoor and Barnstaple.

1 (a). Institutional provision for mothers and children is obtainable in the Okehampton Public Assistance Institution ; it is in my opinion inadequate, and calls for the provision of suitable hospital accommodation.

(b and c). Health visiting is undertaken by ladies appointed by Devon County Council. There are two in your area and I cannot but stress the importance of this work in maintaining a decent hygiene in the home, the care of mothers, and the supervision of school children.

(d). An orthopædic clinic is situate in Okehampton attended once a month by a specialist surgeon and weekly by a nursing sister. This centre does fine work and is supported by voluntary contributions as well as by payments from the Devon County Education Committee for children of school age.

Section C

SANITARY CIRCUMSTANCES OF THE AREA.

1. *Water*. The chief scheme during the year was Bridestowe. A copious supply of spring water was discovered at Widgery Cross on Dartmoor and arrangements are now being made to pipe this via Vale Dawn to the village. After a ministry enquiry permission was granted for a loan to cover this and a concomitant sewerage scheme.

Exbourne village is now assured of an unfailing supply from a recently completed bore hole 190 feet deep into the old red sandstone.

Broadwoodkelly have also a new supply which at the moment is being piped into the village.

A scheme submitted by me for the bacteriological and chemical control of all public supplies was approved by the council and at the moment is in full operation.

ANNUAL REPORT OF SANITARY INSPECTOR.

Mr. Chapman has submitted the following report:

SIR,

Water Supplies.

Wells have maintained their levels during the year although rationing of water from the top pump at Monkokehampton was necessary.

Augmented supplies have been given to Chagford and Belstone, and arrangements are in hand to take in a fresh spring at Hatherleigh.

The extension of the three-inch main to the new Housing Site and adjoining bungalows at Chagford is complete and highly satisfactory.

A scheme has been submitted to extend the three-inch main at North Tawton for domestic supply.

Successful boring has been carried out at Exbourne with a yield of approximately 1,000 gallons per hour of very pure water. Prospects of supplying Jacobstowe from this source are being considered.

Investigations and tests are proceeding respecting a scheme at Sticklepath, and possibilities of a local supply at Monkokehampton.

Repair work to collecting areas, mains and services, and local supplies to council houses has been carefully followed up to prevent wastage of water and has been responsible for satisfactory supplies.

Considerable propaganda will be necessary to get the public in some parishes to take every care to conserve supplies during prolonged periods of dry weather.

A successful enquiry at Bridestowe has made possible the scheme for the new supply from Widgery Cross and tenders for this work are expected at any time.

Sewerage.

Septic tank installations have been provided at Drewsteignton and Highampton.

A scheme is in hand for Exbourne to follow the water scheme. Partial improvements have been carried out at Bratton Clovelly, but no considerable improvements have yet been made at Sampford Courtenay and Spreyton.

Conversion of earth closets and buckets into water closets is proceeding in a number of districts where practicable.

Periodical emptying and cleansing of septic tank installations of villages and Council Houses have been maintained, and extensive repairs to works and beds at Chagford completed.

Careful attention has been given to schemes of land treatment of sewage to prevent land becoming "soured."

The new scheme for Bridestowe has reached the stage of public tender.

Refuse Collection.

Improved collection and new disposal ground have been arranged at Hatherleigh, and arrangements completed for collection and disposal at Crockernwell.

The maintenance of existing systems in some of the larger parishes will need attention during the next year.

Public Conveniences.

Hatherleigh are to be congratulated on the erection of very satisfactory conveniences out of revenue. This gives a total of two in the whole area, and there is ample evidence that such accommodation would be useful in the parishes of South Tawton, North Tawton and Drewsteignton.

Milk.

The results of tests of cleanliness are rather disquietening, showing a percentage of failures in excess of last year. On investigation, a number of purveyors were found to be without strainers and pads, and many were making the error of *not* washing their cans and utensils with cold water before sterilisation. In all cases of repeat sampling on production where the above were carried out, coupled with reasonable care in clean milking, the test was passed.

Many structures should be improved to comply in some measure with the 1926 Milk and Dairies Order.

Much additional work occurs in the new scheme of quarterly sampling of Accredited Milk and School Milk, and the monthly sampling of Tuberculin Tested Milk, additional to the routine sampling for cleanliness and evidence of tuberculosis.

Overcrowding.

An abatement of five in the year reduces the total to twelve in the area which is very satisfactory to date.

No fresh overcrowding has occurred, and the schemes of reconditioning under the Rural Workers Acts are providing additional bedroom accommodation in most cases.

Inspections.

Four hundred and twenty-two have been made and with rare exceptions the houses and occupants conform to good standards of cleanliness.

A considerable number of old properties are well kept and reflect great credit on the occupiers.

Representation has been made to the M.O.H. of houses considered to be very defective and schemes of rehousing are being prepared.

Rehousing.

Layout sites for eight houses each, at Chagford and Bridestowe, have been approved by the County Council under the Restriction

of Ribbon Development Act, 1935, and plans and specifications are in course of preparation.

Work on the new service road and fencing of site is proceeding at Chagford.

Reconditioning.

There has been a most satisfactory and marked increase in the number of applications for grants to recondition property under the Rural Workers Acts.

Many preliminary inspections have been made and advice given on reconditioning with special reference to bedroom accommodation, drainage and water supplies. During the year the completion of eleven properties has occurred, nineteen cottages are in the course of reconditioning, and schemes are being considered for fourteen other properties. This method of making new cottages out of old is undoubtedly the best method of improving housing conditions in the Rural District, allowing as it does for the domiciling of people in the parish, village or town where they have lived, in many cases, all their lives.

It is anticipated that many more owners will avail themselves of the grant under this fine scheme.

Two picturesque instances of reconditioning may be seen at two cottages, Coombe Bow, Bridestowe, and at four cottages Drewsteignton. A typical instance of utility conversion is shown in the adaptation of the Old Factory, Chagford, into dwellings for seven families.

New Houses and Repair Work.

Approval has been given for the erection of twenty-three new houses in the area and extensions to fifteen other properties exclusive of schemes of reconditioning, comprising increased bedroom accommodation, indoor sanitation and augmented water supplies.

The model series of Housing Byelaws, the acceptance of which is under consideration, will ensure future housing and sanitary work of a more progressive nature, and will undoubtedly safeguard the district from further evidences of jerry building. There is a decided upward trend in these matters generally in the whole area, and such regard for this most important phase of Public Health Work will do more than anything else to ensure the retention of the agricultural worker on the land.

Nuisances.

A total of forty-one of great variety, reported or found during district inspections have been dealt with and thirty-one abated by informal notice. In one case only was it necessary to secure abatement by a statutory notice. Personal contact with those concerned effected other abatements.

Slaughterhouses, bakehouses, factories, etc.

Systematic inspection of these has been made from time to time and many minor improvements put in hand.

Regular inspections of carcases and offal have not been made at all times of killing but local arrangements of immediate notification of any doubtful cases has safeguarded supplies of sound food.

During the year four carcases of cattle and three offals, one of sheep and three of pigs, together with two heads and two quarters of the last named were condemned, and in one instance improved method of slaughtering introduced. Most meat shops are clean and wholesome, but improvements in the use of gauze and wire covers as protection should be extended.

The regular removal of offal and manure was not being carried out in some parishes, but this has now been rectified.

L. R. CHAPMAN, A.R.S.I., M.S.I.A.

2. Pollution of rivers still occurs in several places.

3. (a). Closet accommodation is satisfactory amongst the larger communities. North Tawton, Chagford and Hatherleigh still in some cases use the conservancy system and should be called upon to connect up with the sewer. In the outlying parts earth closets are used. The truly rural individual is in many cases an amateur sanitarian so a fair degree of hygiene exists.

(b). Scavenging and public cleaning are in operation in eight of the twenty-seven parishes, but should be made universal.

(c). As many shops as possible were inspected during the year by me: general cleanliness good—advice in some cases given on food storage and sanitary conveniences.

(d). There are two privately owned swimming baths in your area, one in Chagford parish used by the parishioners and visitors and the other in Okehampton Hamlets used mainly by the townfolk. Both were regularly visited by me and considered cleanly and suitable for bathing. Both have running water.

(e). I have never yet seen evidence of bed bugs in this district. Some houses however are infested with fleas of quite alarming activity. The sanitary inspector supplies any who so desire it with insecticidal powder and advises them how to get the best effect.

4. *Schools.* There are twenty-three schools within your administrative area. New Senior Central Schools have recently been opened in Chagford, North Tawton, Hatherleigh and Okehampton. They are of the latest design and give the children every facility for mental and physical training. The children over eleven years of age are brought in by bus from the surrounding villages.

All the schools have been inspected by me during the year. The majority were found to be in a sanitary condition. Exceptions were Spreyton, Sticklepath, Sampford Courtenay and Broadwood-kelly where the water supply is doubtful or too far away. Iddesleigh and Dowland and Bridestowe are insanitary as well as having a poor water supply. This matter has been reported to the Education Authority but they have been held up owing to the fact that the premises are owned by the ecclesiastical authorities.

Infectious diseases, other than the diseases notified by the medical practitioners, are notified to me by the head teachers. The subjoined table gives the place of occurrence of these cases.

INFECTIOUS DISEASES NOTIFIED FROM SCHOOLS.

Place.	Measles.	Mumps.	Whooping Cough.	Scarlet fever.	Influenza.	Polio-myelitis.	Chicken-pox.	Impetigo.	Scabies
Beaworthy	—	—	—	—	6	—	1	1	—
Bratton	—	—	—	—	40	—	—	—	—
Clovelly	—	—	—	—	—	—	—	—	—
Bridestowe	17	—	—	5	??	—	1	—	—
Boasley Cross	1	1	—	—	7	—	18	—	—
Chagford	3	3	2	2	65	1	1	1	—
Drewsteignton	1	1	—	—	21	5	—	1	—
Highampton	—	2	5	—	44	—	—	4	—
Inwardleigh	4	10	—	—	6	—	—	—	—
Iddesleigh	—	—	—	—	51	—	—	3	—
Exbourne	—	27	—	—	15	—	—	—	—
Monkoke-hampton	17	11	—	—	9	—	—	1	—
Northlew	—	—	—	3	—	—	7	5	—
North Tawton	—	—	—	—	69	—	2	—	—
South Tawton	—	—	—	—	24	—	—	1	—
Sampford	3	—	1	—	5	—	—	—	—
Courtenay	—	—	—	—	—	—	—	—	—
Spreyton	—	—	—	—	—	—	2	—	—
Whiddon Down	—	—	—	—	4	—	—	2	—
Sticklepath	—	—	—	—	14	—	—	—	—
TOTALS									

The following schools were closed by the council on my recommendation.

Chagford Junior	21/1/37	until	8/2/37	Influenza
North Tawton				
Junior	22/1/37	„	1/2/37	„
Iddesleigh	25/1/37	„	8/2/37	„
Highampton	21/1/37	„	8/2/37	„
Bratton Clovelly	2/2/37	„	8/2/37	„
Bridestowe	6/4/37	„	26/4/37	Scarlet fever
Northlew	8/6/37	„	15/6/37	„ „
Drewsteignton	27/9/37	„	18/10/37	Infantile paralysis
Chagford	4/10/37	„	18/10/37	„ „

The influenza epidemic had a very high incidence upon the adult population including the teachers and left no alternative but to close the school. Bridestowe was officially closed for scarlet fever but the deciding factor was the generally bad health of the community. The children had for months been recurrently ill. This is the most insanitary village in the district.

Section D

HOUSING.

Apart from the 182 council houses which unfortunately have a somewhat high rent for the agricultural labourer with a family, there is a very great number of workmen's cottages in the district which are unfit for human habitation. Some use has been made of the financial provisions of the Rural Workers Acts, but not nearly sufficiently to solve the problem. However, these facts are now generally known so there is no reason on this occasion to elaborate on the housing deficiencies.

Under the Rural Workers Act, 145 houses have by means of grant been reconditioned.

(1). Inspection of dwelling houses during the year.

(1).	a.	Total number of houses inspected	.....	374
	b.	Number of inspections for purpose	.....	422
(2).	a.	„ „ „ „	.....	Nil.
	b.	„ „ „ „	.....	Nil.
(3).		Number of houses unfit for habitation	.....	21
(4).		Number of houses not in all respects fit for human habitation	53

(2) Remedy of defects during the year without service of formal notice

.....	25
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(3) Action under statutory powers during the year.

a.	Proceedings under Sections 9 and 10 of the 1936 Housing Act	1
b.	Proceedings under the Public Health Acts		Nil.
c.	Proceedings under Section 11 of the 1936 Housing Act	.....	12
	(Total number of houses	.....	21)
d.	Proceedings under Section 12 of the 1936 Housing Act	.....	Nil.

(4). Housing Act, 1935.—Overcrowding.

a.	(1) Dwellings overcrowded at end of year	12
	(2) Number of families dwelling therein	12
	(3) Number of persons dwelling therein	70

b.	Number of new cases of overcrowding reported during the year	.....	.....	Nil.
c.	(1) Number of cases of overcrowding relieved during the year	.....	.....	5
	(2) Number of persons concerned	.....	.....	25
d.	Dwelling houses becoming re-overcrowded after abatement	.....	.....	Nil.

Section E

INSPECTION AND SUPERVISION OF FOOD.

(a). *Milk.*

There are 195 registered milkmen in the district. From them 99 samples were taken and 53% failed the test. The sanitary inspector or myself visit the failure and endeavour to help the producer. In my opinion the chief causes of unclean milk are ignorance and apathy, inadequate water supply and no facilities for sterilising containers. To these must be added in many cases premises unsuitable in every way for dairy farming.

There was an increasing difficulty throughout the year in obtaining milk for school children and nursing mothers.

(b). *Meat and other Foods.*

Inspection under this section was done as frequently as time would allow.

Slaughter houses were inspected by me and were in a fairly clean state. Instructions were given in several cases as regards whitewashing, removal of offal and general cleanliness.

Very little meat killed in the district is seen by your Inspector owing to the multiplicity of his duties. Most of the butchers are fortunately frank and declare any unfit meat. There is however a big loophole for the unscrupulous purveyor and one could not be surprised at an outbreak of disease from this source.

(c). *Nutrition.*

In those villages where the milk in school scheme has ceased to be in operation a noticeable falling off after some months in the nutrition of the children is manifest. Many families of the agricultural classes in my opinion live in a state of semi-starvation and now that milk cannot be supplied to the children we are left with no means to help them.

Section F

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Your area, although showing a slightly higher incidence of infectious disease than the previous year, was nevertheless for-

fortunate in so far that nothing in the nature of a serious epidemic was recorded.

The table below shows the number of cases and their disposition.

Disease.	Total Cases.	Cases to Hospital.	Deaths.
Smallpox	—	—	—
Scarlet Fever	6	4	—
Diphtheria	4	4	1
Typhoid Fever	1	1	1
Puerperal Fever	—	—	—
Pneumonia	3	—	4
Anthrax	1	—	—
Erysipelas	4	—	—
Poliomyelitis	6	5	1
Dysentery	2	—	—
TOTALS	34	14	7

Rheumatic fever is quite prevalent but not being notifiable, the actual figures are unknown. It would be helpful, particularly in my school work, if this disease were made notifiable.

Diphtheria occurred in the Meldon-Sourton area in January and strict segregation of this district succeeded in limiting the spread. It was thought advisable to carry out immunisation and 155 children attending Okehampton schools from the Rural district were immunised. A similar practice was carried out in Chagford and 94 children immunised.

During the month of September five cases of poliomyelitis were reported in the village of Drewsteignton and district immediately surrounding it. A further case was reported on 2nd October.

The origin of the outbreak has not been established but it is well to point out that the village and surroundings are looked upon as a beauty spot and during August would be visited by people from all over the kingdom.

The first case dates back to September 2nd, but was not diagnosed as infantile paralysis until September 20th, when the second case occurred.

The M.O.H. received notifications of the two first cases on the morning of September 23rd. In the evening of the same day he received notification of two more cases by telephone. A state of emergency was considered to exist and convalescent serum was ordered in haste from London.

On the morning of the 24th September, both cases were visited with the practitioner concerned and given this serum. Both cases recovered.

The village school was closed and those children attending Chagford Central School kept at home.

POLIOMYELITIS CASE HISTORIES.

Case histories of poliomyelitis cases in Okehampton Rural District, Devon, September, 1937.

Case one. Boy, age one year ten months, Drewsteignton village.

This case was not notified as poliomyelitis until September 23rd. On September 1st, child was apparently well although mother noticed he was walking as if he had a stone in his shoe. On the following morning he was found to have lost the use of both legs. The mother, an intelligent woman, is quite definite that he had not had any cold or running nose or any feverish symptoms whatever, previously to the paralysis. The private practitioner was consulted and considered the condition as due to teething. After the occurrence of the second case, 20 days later, this case was considered poliomyelitis and is now in Orthopaedic Hospital.

Case two. Boy, age ten years, Drewsteignton village.

This boy was unwell from September 16th, September 20th, when the paralysis developed. He was absent from school on September 16th, a.m., but returned in the afternoon and was also at school on the 17th, although unwell. The notification was received on the 23rd. He was then in Moretonhampstead Cottage Hospital severely paralysed: both legs and arms. He is now in Orthopaedic Hospital.

Case three. Boy, age seven years, Drewsteignton village.

Seen by M.O.H. on morning of 24th September, with Dr. Purves. Had been taken ill afternoon previously with headache and pain in back. He had temperature of 101° F. in the evening of 23rd. In the morning temperature normal: positive Kernig's sign and neck sign: lumbar puncture done and serum given intramuscularly. This case developed no definite paralysis and is now about again, although far from well generally.

Case four. Boy, age eight years, Drewsteignton village.

Taken ill on afternoon of 23rd September. Headache, backache, sore throat, temperature 100.8° F.

Seen by M.O.H. morning of 24th. Positive Kernig's and neck signs. Lumbar puncture done and serum given intramuscularly. This boy developed tenderness and weakness of the muscles of right leg, but no definite paralysis. He is about again now but as above far from fit.

By this time we thought we had a veritable elixir in this convalescent serum. Then we came to case five.

Case five. Boy, age seven years, Ford, Drewsteignton, one mile from village.

This boy was away from area of infection from September 8th until September 15th, at a village called Ide, twelve miles away. He attended the local school there. There were, however, no cases before or since in that neighbourhood. Drewsteignton school was closed on September 27th, but this boy had not been to the village since September 23rd.

On October 1st he was taken ill with headache and sickness and pain in neck. Dr. Purves saw him very soon after this onset and gave him serum intramuscularly. Seen by M.O.H. on morning of October 2nd. He was quite comfortable, temperature normal, rational, and able to move about without pain. The night previous soon after the serum had been administered the parents had noticed twitching of the arm muscles and neck muscles and he had an accentuation of the pain in his neck. He then went to sleep and awakened better. He continued quite well until the early hours of October 4th, when his breathing became strange, the doctor was sent for and in a very short time he died of complete respiratory paralysis.

Case six. Boy, age nine years, Stoneland Cottage, Drewsteignton, two miles from the village.

This boy was taken ill on October 2nd, with identical symptoms to the others—headache, no coryza, but pains in back and legs—given serum. He had pain and tenderness in the calf and thigh muscles of right leg but did not develop any true paralysis. He is about again now but the right leg has a kind of slight ataxia movement.

Other children who were ill during September, but not notified but looked upon as poliomyelitic are :

1. Brother to case two, was ill with identical symptoms, headache and sore throat as his brother, only two days previously. He did not develop any paralysis but is still absent from school and in my opinion far from well.

2. Girl, age eight years, absent from school 22nd and 23rd September with headache and sickness. She lives within a stone's throw of case six and travels on same school bus.

Apart from these the school attendance was very good during September until the school was closed.

(b). *Tuberculosis.*

NEW CASES AND MORTALITY DURING 1937.

Age Periods.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—
15	1	2	—	—	—	—	—	—
25	1	—	—	2	—	1	—	—
35	1	—	—	1	—	—	—	—
45	1	1	—	—	1	—	—	—
55	1	—	—	—	—	—	—	—
65	—	—	—	—	—	—	—	—
TOTALS	5	3	—	3	1	1	—	—

At the end of the year there were 32 males and 24 females suffering from tuberculosis in the area.

In concluding I would like to thank the chairman and councillors for the ready hearing always afforded me and the interest taken in my proposals.

Also my thanks are due to your clerk and his staff for willing assistance afforded at any time.

I am, gentlemen,

Your obedient servant,

E. D. ALLEN-PRICE.

